

Case Number:	CM14-0191461		
Date Assigned:	11/25/2014	Date of Injury:	03/16/1989
Decision Date:	01/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and headaches reportedly associated with an industrial injury of March 15, 1989. Thus far, the applicant has been treated with analgesic medications; adjuvant medications; earlier lumbar laminectomy surgery; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for Cymbalta. The claims administrator stated that its decision was based on an RFA form received on October 23, 2014. The applicant's attorney subsequently appealed. In a September 30, 2014 progress note, the applicant reported persistent complaints of low back pain, 6/10. The applicant stated that a recent car trip had resulted in a flare in pain. The applicant was unemployed, it was acknowledged. The applicant had permanent work restrictions in place which were resulting in his removal from the workplace and making it difficult for him to find another job, it was acknowledged. The applicant exhibited an unsteady gait. The applicant was asked to continue a lumbar support, H-Wave device, walker, and cane. MRI and x-ray studies of the lumbar and thoracic spines were sought while Soma, Tramadol, Norco, Zohydro, Celebrex, Lyrica, and Cymbalta were continued and/or refilled. There was no explicit discussion of medication efficacy on this occasion. In an earlier note dated August 5, 2014, the applicant again reported persistent complaints of low back pain. The applicant presented to obtain medication refills. The applicant was again described as unemployed. The applicant apparently had permanent work restrictions in place which were making it difficult for him to find an alternate position. The applicant was asked to continue back support, H-Wave device, walker, cane, Soma, Norco, Tramadol, Zohydro, Celebrex, Lyrica, and Cymbalta. Again, medications were renewed without any explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cymbalta 60mg #30 1 tablet daily with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine) Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

Decision rationale: In this case, it appears that Cymbalta is being employed for lumbar radiculopathy purposes. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta can be employed off-label for radiculopathy, the diagnosis seemingly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. However, the applicant is off of work. The applicant has permanent work restrictions which remain in place, unchanged, from visit to visit. Ongoing usage of Cymbalta has failed to curtail the applicant's dependence on opioid agents such as Norco, Tramadol, and Zohydro extended release. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta. Therefore, the request is not medically necessary.